

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25968-58

58-019170
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 170 Primary Registration District No. 3050 Registrar's No. 37

S. 300
7. 1-57

1. PLACE OF DEATH a. COUNTY Pemiscott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 608 E. 15th.

3. NAME OF DECEASED (Type or print) First Middle Last (Baby) Sterling Starks			4. DATE OF DEATH Month Day Year Apr. 16 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 14 1958		9. AGE (In years last birthday) 3 3/4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Caruthersville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eddie		13b. MOTHER'S MAIDEN NAME Evelyn Starks		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Jessie Starks 608 E. 15th.	

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Atelectasis			INTERVAL BETWEEN ONSET AND DEATH 96 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Caruthersville		COUNTY	STATE
21. I attended the deceased from 4/14/58 to 4/16/58 and last saw him alive on 4/16/58 Death occurred at 10 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. W. Lockman (Degree or title)			22b. ADDRESS Caruthersville		22c. DATE SIGNED 4/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge		23d. LOCATION (City, town, or county) (State) Caruthersville Mo.
24. FUNERAL DIRECTOR La Forge Und. Co.		ADDRESS City	25. DATE RECD. BY LOCAL REG. May 16, 1958		26. REGISTRAR'S SIGNATURE Jessie B. Welke

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5-153-58

MAY 22 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

702

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Noel C. Deane*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.